FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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DATE RECEIVED

OMB APPROVAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing				
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE			
A. BASIC IDENTIFICATION DATA				
Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PDRCo, Inc.	03040532			
Address of Executive Offices (Number and Street, City, State, Zip Code) 617 Partridge Avenue, Menlo Park, California 94025	Telephone Number (Including Area Code) (650) 833-5803			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code)			
Brief Description of Business Developer of Personal Digital Radio	PROCESSE			
Type of Business Organization	DEC 152003			
	(please specify): THOMSON FINANCIAL			
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated tate: DE			
GENERAL INSTRUCTIONS				

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appr federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Davidson, Duncan
Business or Residence Address (Number and Street, City, State, Zip Code)
617 Partridge Avenue, Menlo Park, California 94025
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hirshberg, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
617 Partridge Avenue, Menlo Park, California 94025
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Melmon, Richard
Business or Residence Address (Number and Street, City, State, Zip Code)
617 Partridge Avenue, Menlo Park, California 94025
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Menjo, Hiroshi
Business or Residence Address (Number and Street, City, State, Zip Code)
617 Partridge Avenue, Menlo Park, California 94025
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
(,,,,,

					В.	INFOR	MATION A	ABOUT OF	FERING				
1.	Uac tha	icenom cold	or door the i	ayon intend t	o goll to ma			nia affania a9				Yes	No ⊠
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.					Ц							
2.	What is the minimum investment that will be accepted from any individual?					\$	N/A						
						Yes	No						
							\boxtimes						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated													
	-	_		•		C and/or with such a broker							
	dealer of		to be fisted a	are associated	i persons or	such a broker	or dealer, yo	u may set to	rtn the inform	nation for the	at broker or		
Full N	Name (L	ast name fire	st, if individu	ial)									
Busin	ess or R	esidence Ad	Idress (Numb	er and Street	t City State	Zin Code)	<u> </u>						
5 4 5 111				or and once	i, 011), 01 a te	, z.p code)							
Name	of Asso	ociated Brok	er or Dealer										
States	in Whi	ch Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
												□ A1	1 States
•	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Full N	Name (L	ast name fir	st, if individu	ıal)								a. a.	
		·							***				
Busin	iess or R	esidence Ac	ldress (Numl	er and Stree	t, City, State	e, Zip Code)							
Name	of Asso	ociated Brok	er or Dealer				· · · -						
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(C	heck "A	II States" or	check indivi	duals States)					•••••••••			∐ Al	1 States
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Busin	ess or R	esidence Ac	ldress (Numl	per and Stree	t, City, State	, Zip Code)							
Name	of Asso	ociated Brok	er or Dealer										***
States	s in Whi	ch Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(C	heck "A	Il States" or	check indivi	duals States)	•••••			•••••	···········	*************		☐ A1	ll States
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[]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[]	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amo	unt Already
	Type of Security	Aggregate Offering Price	Amo	Sold
	Debt	\$0.00	\$	0.00
	Equity	\$300,000.00	\$	74,999.70
	☐ Common ☒ Preferred			
	Convertible Securities (including warrants)	\$0.00	\$	0.00
	Partnership Interests	\$0.00	\$	0.00
	Other (Specify)	\$0.00	\$	0.00
	Total	\$ 300,000.00	\$	74,999.70
	Answer also in Appendix, Column 3, if filing under ULOE.			
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Doll	ggregate ar Amount Purchase
	Accredited investors	3	\$	74,999.70
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security	Doll	ar Amount Sold
	Rule 505	•	\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	\boxtimes	\$	15,000.00
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total	\boxtimes	\$	15,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						
i.	the purposes shown. If the amount for any pu	iss proceeds to the issuer used or proposed to be used for ea rpose is not known, furnish an estimate and check the box t is listed must equal the adjusted gross proceeds to the issue ove.	to the				
			Paymo Officers, D Affil	irectors &	Payments To Others		
	Salaries and fees		🗆 \$	0.00	□ \$	0.00	
	Purchase of real estate		🗆 \$	0.00	□ s	0.00	
	Purchase, rental or leasing and installation of	🗆 s	0.00	□ s	0.00		
	Construction or leasing of plant buildings ar	🗆 s	0.00	□ s	0.00		
	Acquisition of other businesses (including the used in exchange for the assets or securities		0.00	□ s	0.00		
	Repayment of indebtedness		🗆 s	0.00	□ s	0.00	
	Working capital		🗀 \$	0.00	⊠ s		
	Other (specify):		🔲 s	0.00	□ \$	0.00	
	Column Totals		🗆 s	0.00	⊠ \$ 285	5,000.00	
	Total Payments Listed (column totals:	ndded)		S \$ <u>285</u> ,	000.00		
		D. FEDERAL SIGNATURE				 	
ınd		the undersigned duly authorized person. If this notice is filed its and Exchange Commission, upon written request of its statule 502.					
	ner (Print or Type) RCo, Inc.	Signature Mul	Date December 2, 2003				
	ne of Signer (Print or Type)	Title of Signer (Print or Type)	December 2, 2	003			
\a.	hard Melmon	Chairman of the Board and Chief Financial Officer					

__ ATTENTION ___

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)